

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Gladwin *et al.*

Application No. 10/563,683

Filed: January 6, 2006

Confirmation No. 3225

For: USE OF NITRITE SALTS FOR THE TREATMENT
OF CARDIOVASCULAR CONDITIONS

FILED VIA EFS

Examiner:

Art Unit: 1616

Attorney Reference No. 4239-67618-07

FILED VIA ELECTRONIC FILING SYSTEM
UNITED STATES PATENT AND TRADEMARK OFFICE

POWER OF ATTORNEY BY JOINT ASSIGNEES

As assignees of record of the entire interest of the application referenced above
(**University of Alabama Research Foundation** [Assignment Recorded on November 1, 2006, at
Reel 018462, Frames 0870-0872], **The Board of Supervisors of Louisiana State University**
[Assignment Recorded on October 8, 2004, at Reel 015234, Frames 0133-0138, in the parent
PCT application, PCT/US2004/022232], **Loma Linda University** [Assignment Recorded on
November 1, 2006, at Reel 018462, Frames 0726-0728], **Wake Forest University** [Assignment
Recorded on November 1, 2006, at Reel 018462, Frames 0723-0725] and **The Government of
the United States of America as represented by the Secretary of the Department of Health
and Human Services** [Assignment Recorded on December 4, 2006, at Reel 018580, Frames
0077-0084]) all powers of attorney previously given are hereby revoked.

The practitioners associated with the customer number provided below are hereby
appointed to transact all business in the U.S. Patent and Trademark Office connected with the
referenced application and all continuations and divisions thereof. **Customer Number 36218**

Address all future correspondence to the address associated with **Customer Number 36218**, which address is:

Klarquist Sparkman, LLP
121 S.W. Salmon Street, Suite 1600
Portland, OR 97204

Address all telephone calls to Tanya M. Harding, Ph.D. at telephone number (503) 595-5300.

The undersigned is authorized to sign this Power of Attorney by Assignee on behalf of The University of Alabama Research Foundation.

Executed at Birmingham, AL on the 21st day of March, 2007.
(city and state)

THE UNIVERSITY OF ALABAMA RESEARCH FOUNDATION

By 

Name (typed or printed) William S. White

Title (typed or printed) CEO

The undersigned is authorized to sign this Power of Attorney by Assignee on behalf of The Board of Supervisors of Louisiana State University.

Executed at _____ on the ____ day of _____, 2007.

THE BOARD OF SUPERVISORS OF LOUISIANA STATE UNIVERSITY...

By _____

Name (typed or printed) _____

Title (typed or printed) _____

The undersigned is authorized to sign this Power of Attorney by Assignee on behalf of Loma Linda University.

Executed at _____ on the ____ day of _____, 2007.

LOMA LINDA UNIVERSITY

By _____

Name (typed or printed) _____

Title (typed or printed) _____

The undersigned is authorized to sign this Power of Attorney by Assignee on behalf of Wake Forest University.

Executed at _____ on the ____ day of _____, 2007.

WAKE FOREST UNIVERSITY

By _____

Name (typed or printed) _____

Title (typed or printed) _____

The National Institutes of Health Office of Technology Transfer has been duly delegated responsibility for patent matters under the authority of the memorandum dated May 21, 1991, from Louis W. Sullivan, the Secretary of the Department of Health and Human Services, delegating the authority to the Heads of the Public Health Service Operating Divisions, as well as a memorandum dated February 2, 2004, from Mark L. Rohrbaugh, Ph.D., J.D., Director, Office of Technology Transfer, National Institutes of Health, delegating authority to sign this Power of Attorney to the undersigned individual. The undersigned is therefore authorized to exercise such authority in this matter.

Executed on _____ day of _____, 2007, at Rockville, Maryland.

UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES

By _____

Name (typed or printed) _____

Registration No. _____

For
National Institutes of Health
Office of Technology Transfer
6011 Executive Boulevard, Suite #325
Rockville, MD 20852
Telephone: 301-496-7056

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Executed at _____ on the ____ day of _____, 2007.
(city and state)

THE UNIVERSITY OF ALABAMA RESEARCH FOUNDATION

By _____

Name (typed or printed) _____

Title (typed or printed) _____

The undersigned is authorized to sign this Power of Attorney by Assignee on behalf of The Board of Supervisors of Louisiana State University.

Executed at _____ on the 12 day of March, 2007.

THE BOARD OF SUPERVISORS OF LOUISIANA STATE UNIVERSITY...

By John C McDonald MD

Name (typed or printed) John C. McDonald, M.D.

Title (typed or printed) Chancellor and Dean

The undersigned is authorized to sign this Power of Attorney by Assignee on behalf of Loma Linda University.

Executed at _____ on the ____ day of _____, 2007.

LOMA LINDA UNIVERSITY

By _____

Name (typed or printed) _____

Title (typed or printed) _____

The undersigned is authorized to sign this Power of Attorney by Assignee on behalf of Wake Forest University.

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WAKE FOREST UNIVERSITY

By _____

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Executed on _____ day of _____, 2007, at Rockville, Maryland.

UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES

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(city and state)

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By _____

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Title (typed or printed) _____

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Executed at _____ on the ____ day of _____, 2007.

THE BOARD OF SUPERVISORS OF LOUISIANA STATE UNIVERSITY...

By _____

Name (typed or printed) _____

Title (typed or printed) _____

The undersigned is authorized to sign this Power of Attorney by Assignee on behalf of Loma Linda University.

Executed at Loma Linda on the 12 day of April, 2007.

LOMA LINDA UNIVERSITY

By Brian S Bull

Name (typed or printed) Brian S. Bull

Title (typed or printed) Secretary LLU Corporation

The undersigned is authorized to sign this Power of Attorney by Assignee on behalf of Wake Forest University.

Executed at _____ on the ____ day of _____, 2007.

WAKE FOREST UNIVERSITY

By _____

Name (typed or printed) _____

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Executed on _____ day of _____, 2007, at Rockville, Maryland.

UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES

By _____

Name (typed or printed) _____

Registration No. _____

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THE BOARD OF SUPERVISORS OF LOUISIANA STATE UNIVERSITY...

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Name (typed or printed) _____

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LOMA LINDA UNIVERSITY

By _____

Name (typed or printed) _____

Title (typed or printed) _____

The undersigned is authorized to sign this Power of Attorney by Assignee on behalf of Wake Forest University.

Executed at _____ on the 6 day of March, 2007.

WAKE FOREST UNIVERSITY

013 By _____

Name (typed or printed)

Michael Batalia

Title (typed or printed)

Director

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Executed on _____ day of _____, 2007, at Rockville, Maryland.

UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES

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For

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Executed on 7 day of March, 2007, at Rockville, Maryland.

UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES

By  _____

Name (typed or printed) Norbert Pontzer

Registration No. 40,777

For
National Institutes of Health
Office of Technology Transfer
6011 Executive Boulevard, Suite #325
Rockville, MD 20852
Telephone: 301-496-7056